



**Code Enforcement Office**  
**207.827.2072**  
**ceo@milfordmaine.org**

## Primary Structure Building Permit Application

EFFECTIVE DECEMBER 1, 2010 MAINE UNIFORM BUILDING & ENERGY CODE

<b>Applicant Name:</b>	
<b>Mailing Address</b>	
<b>Telephone:</b>	
<b>Email:</b>	

<b>Owner Name:</b>	
<b>Application Date:</b>	
<b>Mailing Address:</b>	
<b>Project Location:</b>	
<b>Map:</b>	<b>Lot:</b>
<b>Contractor Information:</b>	
<b>Mailing Address</b>	
<b>Telephone</b>	
<b>Email:</b>	

<b>Project Description: (2 story cape and garage, 3 bedrooms, 2 baths, etc)</b>	

### Home Occupancy Inspection Required:

☐ **Yes** ☐ **No**

*If Yes, Fee will be collected when building permit is issued.*

<b>Structure Dimensions:</b>			
<b>Square Footage:</b>	<b>Basement:</b>	<b>First Floor:</b>	<b>Second Floor:</b>
<b>Total:</b>	<b>Garage:</b>	<b>Decks:</b>	<b>Other:</b>
<b>Max Height : 35'</b>			

**You must provide Building plans and Materials List**

<b>Foundation type:</b>	<b>Full:</b>	<b>Crawl Space:</b>	<b>Slab on Grade:</b>
<b>Material:</b>	<b>Concrete:</b>	<b>Masonry:</b>	<b>Other:</b>

<b>Plumbing:</b>	
<b>Water Supply:</b>	<b>Public: Private:</b>
<b>Septic:</b>	<b>Public: Subsurface:</b>

**I hereby certify that the proposed work is authorized by the owner of record or that I have been authorized to seek this application as the owner's agent.**

**I also acknowledge responsibility for all zoning setback requirements.**

**I am aware of the Maine Uniform Building and Energy Code and acknowledge that I am responsible for any laws or permits required by the State of Maine.**

**By signing this application for permit I hereby give express consent to the Code Enforcement Officer to perform inspections, during normal working hours, of the construction and final completion of the project.**

**Per MRSA 30-A. Secs. 4213 & 4452.**

**Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PLOT PLAN** PLEASE INCLUDE ALL SETBACK DISTANCES FROM PROPERTY BOUNDARIES, ROADS, STREETS AND RIGHT OF WAYS; ALL WETLANDS AND WATERBODIES; ANY EXISTING WELLS AND SEPTIC SYSTEMS. INCLUDE \_\_\_\_\_ SHORELAND SETBACK OR FLOOD ELEVATIONS IF APPLICABLE. SHOW ALL PROPOSED DECKS AND PORCHES.

PLEASE INCLUDE ALL SETBACK DISTANCES FROM  
PROPERTY BOUNDARIES, ROADS, STREETS AND RIGHT  
OF WAY; ANY EXISTING WELLS AND  
SHORELAND SETBACK OR FLOOD  
Hazard Zone. SHOW ALL PROPOSED DECKS AND PORCHES.

1. **Introduction:** The study aims to investigate the impact of the COVID-19 pandemic on the mental health of healthcare workers.

2. **Methodology:** A cross-sectional survey was conducted among healthcare workers in various hospitals and clinics. The survey included questions about demographic information, work-related factors, and mental health symptoms.

3. **Results:** The study found that a significant proportion of healthcare workers reported symptoms of anxiety, depression, and stress. Factors such as long working hours, exposure to COVID-19 cases, and lack of social support were associated with higher levels of mental distress.

4. **Conclusion:** The findings highlight the need for mental health support and interventions for healthcare workers during the COVID-19 pandemic. Further research is needed to explore the long-term effects and develop effective coping strategies.